-									10/080747						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001										Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			79					RATE		FEE		RATE	FEE		
FOR			NUMBER F	ILED	NUMBER EXTRA			BASIC FEE 370.00		370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			39 minus 20=		.18			X\$ 9=			OR	X\$18=	342		
INDEPENDENT CLAIMS			3 mir	nus 3 =	· 9			X42=			OR	X84=			
MULTIPLE DEPENDENT CLAIM P			ESENT					+140=		_	OR	+280=			
+ If	the difference	in column 1 is l	ess than ze	ro, ente	r "0" in a	'0" in column 2			ī		OR	TOTAL	1032		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								.L. E	NTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	""	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 39	Minus	*	9			X\$ 9-	-		OR	X\$18=			
	Independent	• 3	Minus	***	3			X42=			OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			TCLAIM	لـلـــ		+140	=		OR	+280=				
							1	TO1				TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. F	EEI		•	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST ABER HOUSLY DEOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.32	Minus	•• <u></u>	9	=		X\$ 9	=	Ĺ	OR	X\$18=			
	Independent	• 4	Minus	***	3 TCI 4114	-/		X42:	-		OR	~ X84 ≡	86		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=		OR	+280=			
								ADDIT. F	TAL.		OR	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST WBER IOUSLY D FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent		Minus	**** DEMDEA	TO 111]=		X42:	=		OR	X84=			
Ľ	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	II CLAIM		j	+140	=		OR	+280=			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									 	OR	TOTAL			
-	If the "Highest Nu	mber Previously Pa hber Previously Pa	aid For IN TH	IS SPACE	is less that	an 3, enter "3."		ADDIT. fo rund in th		propriate bo	•	ADDII. FEE			
	•	•	•	•		-									

FORM PTO-875 (Rev. 8/01)

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